

VULCAN REPAIR POLICY CARD

Please fill out and mail this card to: Vulcan Arms, P. O. Box 2473, SSP, MN 55076-8473

NAME: _____ DATE OF PURCHASE _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

MODEL: _____ SERIAL NUMBER: _____

I have read and understand the repair policy and agree to abide by all conditions set therein.

SIGNATURE _____ DATE: _____